

ISSUE SLIP STAPLE AREA (for additional cross references)

BEST AVAILABLE COPY

| POSITION                     | INITIALS  | ID NO. | DATE  |
|------------------------------|-----------|--------|-------|
| <del>FEE DETERMINATION</del> |           |        |       |
| O.I.P.E. CLASSIFIER          |           |        |       |
| FORMALITY REVIEW             | <i>pk</i> |        | 28-99 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        | 2/5  |
| 2     | ✓     | ✓        | 1/17 |
| 3     | ✓     | ✓        | 8/30 |
| 4     | ✓     | ✓        | 3/1  |
| 5     | ✓     | ✓        | 4/1  |
| 6     | ✓     | ✓        | 5/1  |
| 7     | ✓     | ✓        | 6/1  |
| 8     | ✓     | ✓        | 7/1  |
| 9     | ✓     | ✓        | 8/1  |
| 10    | ✓     | ✓        | 9/1  |
| 11    | ✓     | ✓        | 10/1 |
| 12    | ✓     | ✓        | 11/1 |
| 13    | ✓     | ✓        | 12/1 |
| 14    | ✓     | ✓        | 1/1  |
| 15    | ✓     | ✓        | 2/1  |
| 16    | ✓     | ✓        | 3/1  |
| 17    | ✓     | ✓        | 4/1  |
| 18    | ✓     | ✓        | 5/1  |
| 19    | ✓     | ✓        | 6/1  |
| 20    | ✓     | ✓        | 7/1  |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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